

3/20 GROUP LEADER AGREEMENT

Group Name _____
Group Mailing Address _____
City _____ State _____ Zip _____
Business Phone (_____) _____ - _____ Emergency Phone: (_____) _____ - _____
Group Leader (first) _____ (last) _____
E-Mail Address _____
Cell Phone (_____) _____ - _____
What is the best way to contact the group leader? _____

LAKE DAY INFORMATION

1. Date: _____
2. Location: _____
3. How many people do you anticipate bringing?
Students _____
Adults _____

I have read and agree to the terms listed in release of liability waiver(s) provided by 3/20 Watersports Ministry. I understand that it is my responsibility to provide 3/20 with the required signed release form(s) for each student and adult participating in a Lake Day prior to or on the day of my event. I understand that only persons who have submitted a release form(s) will be able to participate in the ski/water portion of a Lake Day due to liability risks. While we are taking every reasonable precaution to protect everyone's safety, we are not requiring volunteers or those who attend 3/20 events to prove they have been vaccinated.

Group Leader Signature

____ / ____ / ____
Date